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| | CLAIMS ONLY | | | | | | | | Application Number 10685 993 Filing Date Applicant(s) | | | | | | | |
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Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Depend .Indep Depend Indep Depend Indep /51 / 52 **1** 53 1 54 1 55 **1** 56 1 57 1 58 / 59 9 10 / 60 61 1 62 63 <u>/ 13</u> 64 65 1 15 1 66 1 67 1 68 17 69 4 70 1 71 / 19 1 20 7 21 1 72 **J** 73 1 74 1 24 1 75 1 76 777 / 78 79 1 80 1 30 / 81 1 82 83 / 84 / 85 7 86 / 87 / 88 / 89 1 39 / 90 / 91 1 92 / 93 / 94 1 43 95 7 45. 1 46 197 1 47 7 198 1 48 99 7200 1 49. 1 50 Total Total Indep Indep Tolal Total Depend Depend Total Total Claims

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